

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1320-61-007007

STATE FILE NUMBER

FILED VS FEB 20 1961

1. PLACE OF DEATH

a. COUNTY

Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

2407 O'FALLON ST.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2407 O'FALLON ST.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

ROSALYN

Middle

WARREN

Last

4. DATE OF DEATH

Month

Day

Year

2 - 5 - 61

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

10-28-60

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CLIFFORD WARREN

13b. MOTHER'S MAIDEN NAME

ANNA MOORE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ANNA WARREN 2407 O'FALLON ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congenital Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

754.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at

250 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

2-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

2-10-61

23c. NAME OF CEMETERY OR CREMATORY

FATHER DICKSON CEMETERY ST. LOUIS COUNTY MO.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

FEB 9 1961

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.